

**Fill in this information to identify the case:**

Debtor name **QHC Fort Dodge Villa, LLC**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number (if known) **21-01648**

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 12, 2022**

**X /s/ Mark A. Hidlebaugh**

Signature of individual signing on behalf of debtor

**Mark A. Hidlebaugh**

Printed name

**Authorized, POA**

Position or relationship to debtor

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## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Iowa Medicaid Enterprise PO Box 310280 Des Moines, IA 50331-0280	Geri Paul geri.paul@dia.iowa.gov 515-281-7039	Quality Assurance Assessment Fees				\$791,342.69
Progress Healthcare Staffing 100 E. Euclid Ave, Suite 127 Des Moines, IA 50313	Michelle Brown michelle@progresshealthcarestaffing.com	Staffing Agreement				\$239,293.41
AEROFUND FINANCIAL 6910 SANTA TERESA BLVD SAN JOSE, CA 95119	Chelsa Troy ctroy@aerofund.com					\$215,697.26
TRI-STATE NURSING 3100 SOUTH LAKEPORT ST SIOUX CITY, IA 51106	800-727-1912					\$214,816.12
Millennium Rehab and Consulting Group c/o Rebecca A. Brommell, Esq. Dorsey & Whitney LLP 801 Grand Ave Suite 4100 Des Moines, IA 50309	Hollie Little hlittle@millenniumtherapy.com 515-331-3190	Rehabilitation Services Agreement	Disputed			\$190,101.49

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Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
HELPING HANDS NURSING SOLUTIONS 1400 RIVER DRIVE, SUITE 300 NORTH SIOUX CITY, SD 57049	Hollie DeLa Garza hollie@helpinghandsnursingsolutions.com					\$90,262.38
Webster County Treasurer 701 Central Ave Fort Dodge, IA 50501		Property taxes for the 2020 tax year				\$41,208.00
MARTIN BROS DISTRIBUTING PO BOX 69 CEDAR FALLS, IA 50613-0069	800-847-2404					\$36,144.66
Nextaff PO Box 75410 Chicago, IL 60675-5410	Wendy Peterson wpeterson@nextaff.com 515-325-1575	debt collection	Disputed			\$29,189.63
SOLIDCARE STAFFING 6691 FRIENDSHIP PATH Bettendorf, IA 52722	563-293-5864					\$22,785.00
UNITYPOINT AT HOME PO BOX 26786 SALT LAKE CITY, UT 84126-0786						\$19,413.07
MCKESSON PO BOX 630693 CINCINNATI, OH 45263-0693	612-545-5757					\$16,959.27
Iowa Total Care 1080 Jordan Creek Parkway West Des Moines, IA 50266	833-404-1061					\$16,252.83
ABIRACARE, LLC 2800 UNIVERSITY AVE, STE 198 WEST DES MOINES, IA 50266	515-868-3992	Staffing Agreement				\$13,183.20
AVENTURE STAFFING 509 DOUGLAS STREET SIOUX CITY, IA 51101	712-258-2453					\$11,621.09

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Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
PHARMERICA PO BOX 409251 ATLANTA, GA 30384-9251	Shannen Martin  Shannen.martin@p harmerica.com					\$11,360.87
Nyemaster Goode PC 700 Walnut St. #1600 Des Moines, IA 50309	515-283-3100	legal services				\$10,394.57
Amerigroup P.O. Box 62947 Virginia Beach, VA 23466-2947						\$8,619.61
RILEY-ARMSTRONG PLUMBING & HEATING 11 N. 20TH ST. FORT DODGE, IA 50501	515-955-2232					\$8,557.14
PAN-O-GOLD BAKING COMPANY ATTN KATHY SNYDER 444 E. St. Germain St. Saint Cloud, MN 56304	320-251-9301					\$8,357.30

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United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

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☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>9,250,000.00</b>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>289,449.82</b>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>9,539,449.82</b>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>17,000,000.00</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>832,693.93</b>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>1,259,146.55</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>19,091,840.48</b>

**Fill in this information to identify the case:**Debtor name QHC Fort Dodge Villa, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWACase number (if known) 21-01648☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>Accessbank</u>	<u>Resident Trust</u>	<u>1900</u>	<u>\$0.00</u>
3.2. <u>Lincoln Savings Bank</u>	<u>Checking - Zero Balance Account</u>	<u>7680</u>	<u>\$0.00</u>
3.3. <u>Citizens Community Credit Union</u>	<u>Checking - Activity Fund</u>	<u>2266</u>	<u>\$0.00</u>
3.4. <u>Green State Credit Union</u>	<u>Checking - Resident Trust Account</u>	<u>1397</u>	<u>\$0.00</u>
3.5. <u>Green State Credit Union</u>	<u>Savings account</u>	<u>1397</u>	<u>\$5.08</u>
3.6. <u>Access Bank</u>	<u>EFT Deposit Account</u>	<u>9953</u>	<u>Unknown</u>

**4. Other cash equivalents (Identify all)**

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5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$5.08**

**Part 2: Deposits and Prepayments**

6. **Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 723,355.08 - 433,910.34 = .... \$289,444.74  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$289,444.74**

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies medical supplies, medicines, medical equipment. See Attached list		Unknown		Unknown

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

**\$0.00**

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No

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☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☒ No. Go to Part 7.

☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b> <u>Office Furniture</u>	<u>Unknown</u>		<u>Unknown</u>
40.	<b>Office fixtures</b>			
41.	<b>Office equipment, including all computer equipment and communication systems equipment and software</b> <u>Computer equipment and software</u>	<u>Unknown</u>		<u>Unknown</u>

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.

☐ Yes Fill in the information below.

**Part 9: Real property**



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**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. <b>2721 10th Ave. North, Fort Dodge, IA ; Current value based on 2016 appraisal</b>	Fee simple	\$0.00	Appraisal	\$9,250,000.00

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

**\$9,250,000.00**

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property**

**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$5.08</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$289,444.74</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$9,250,000.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$289,449.82</b>	<b>\$9,250,000.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$9,539,449.82</b>

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**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>Kenneth A. Webb Family Trust</b> Creditor's Name <b>c/o Jeff Schneidman, Esq.</b> <b>Trustee</b> <b>Plattner Schneidman Law Firm</b> <b>9141 E. Hidden Spur Trail</b> <b>Scottsdale, AZ 85255</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>May 1, 2011</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>2721 10th Ave North, Fort Dodge, IA 50501;</b> <b>All assets of the company.</b>  Describe the lien <b>Blanket Lien and Mortgage</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$17,000,000.00</b>	<b>Unknown</b>

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$17,000,000.00**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p><b>Internal Revenue Service</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>For Noticing Purposes Only</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.2	<p>Priority creditor's name and mailing address</p> <p><b>Iowa Department of Revenue</b> <b>Hooover State Office Building</b> <b>PO Box 10471</b> <b>Des Moines, IA 50306-0471</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>For Noticing Purposes Only</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	<b>QHC Fort Dodge Villa, LLC</b> Name	Case number (if known)	<b>21-01648</b>
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2.3	Priority creditor's name and mailing address <b>Iowa Medicaid Enterprise</b> <b>PO Box 310280</b> <b>Des Moines, IA 50331-0280</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$791,342.69</b>	<b>\$791,342.69</b>
	Date or dates debt was incurred <b>October 2018 through June 30, 2021</b>	Basis for the claim: <b>Quality Assurance Assessment Fees</b>		
	Last 4 digits of account number <b>3667</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.4	Priority creditor's name and mailing address <b>Iowa Workforce Development</b> <b>Unemployment Insurance Tax Bureau</b> <b>1000 East Grand Ave.</b> <b>Des Moines, IA 50319</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>For Noticing Purposes Only</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.5	Priority creditor's name and mailing address <b>Social Security Administration</b> <b>455 SW 5th Street, Suite F</b> <b>Des Moines, IA 50309</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$78.24</b>	<b>\$78.24</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.6	Priority creditor's name and mailing address <b>Webster County Health Department</b> <b>723 1st Ave S.</b> <b>Fort Dodge, IA 50501</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$65.00</b>	<b>\$65.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>QHC Fort Dodge Villa, LLC</b> <small>Name</small>	Case number (if known)	<b>21-01648</b>
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2.7	Priority creditor's name and mailing address <b>Webster County Treasurer 701 Central Ave Fort Dodge, IA 50501</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$41,208.00</b>	<b>\$41,208.00</b>
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Date or dates debt was incurred <b>tax year 2020</b>	Basis for the claim: <b>Property taxes for the 2020 tax year</b>
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Last 4 digits of account number <b>7001</b>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>ABIRACARE, LLC 2800 UNIVERSITY AVE, STE 198 WEST DES MOINES, IA 50266</b>  Date(s) debt was incurred <u>9/3/21</u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Staffing Agreement</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,183.20</b>
3.2	Nonpriority creditor's name and mailing address <b>ACCESS SYSTEMS LEASING PO BOX 660831 DALLAS, TX 75266-0831</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,537.60</b>
3.3	Nonpriority creditor's name and mailing address <b>ADVENTURE LIGHTING 90 WASHINGTON AVENUE DES MOINES, IA 50314-3648</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$917.37</b>
3.4	Nonpriority creditor's name and mailing address <b>Adventure Staffing &amp; Prof. Svcs 509 Douglas St. Sioux City, IA 51101</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Staffing Agreement</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.5	Nonpriority creditor's name and mailing address <b>AEROFUND FINANCIAL 6910 SANTA TERESA BLVD SAN JOSE, CA 95119</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$215,697.26</b>

Debtor Name	Case number (if known)	
<b>QHC Fort Dodge Villa, LLC</b>	<b>21-01648</b>	
<b>3.6</b> Nonpriority creditor's name and mailing address <b>AFLAC</b> <b>Attn: Legal Department</b> <b>1932 Wynnnton Rd.</b> <b>Columbus, GA 31999</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$791.96</b>
<b>3.7</b> Nonpriority creditor's name and mailing address <b>Amerigroup</b> <b>P.O. Box 62947</b> <b>Virginia Beach, VA 23466-2947</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,619.61</b>
<b>3.8</b> Nonpriority creditor's name and mailing address <b>ANDERSON ERICKSON DAIRY</b> <b>2420 EAST UNIVERSITY</b> <b>DES MOINES, IA 50317</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,907.97</b>
<b>3.9</b> Nonpriority creditor's name and mailing address <b>Asset Protection Unit, Inc.</b> <b>1212 Ross St</b> <b>Amarillo, TX 79102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.40</b>
<b>3.10</b> Nonpriority creditor's name and mailing address <b>AUREON TECHNOLOGIY</b> <b>WYNFIELD BUILDING</b> <b>7760 Office Plaza Dr. S.</b> <b>WEST DES MOINES, IA 50266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$896.20</b>
<b>3.11</b> Nonpriority creditor's name and mailing address <b>AVENTURE STAFFING</b> <b>509 DOUGLAS STREET</b> <b>SIOUX CITY, IA 51101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,621.09</b>
<b>3.12</b> Nonpriority creditor's name and mailing address <b>Nicole Bittle</b> <b>c/o Whitney Judkins, Esq.</b> <b>Timmer &amp; Judkins, PLLC</b> <b>1415 28th St., Suite 375</b> <b>West Des Moines, IA 50266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>damages, attorney fees and costs from lawsuit</u> <u>LACL149989 filed in Polk County</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>QHC Fort Dodge Villa, LLC</b>	Case number (if known)	<b>21-01648</b>
Name			
3.13	Nonpriority creditor's name and mailing address <b>BLUE RIBBON WATERS</b> <b>PO BOX 1311</b> <b>FORT DODGE, IA 50501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,936.36</b>
3.14	Nonpriority creditor's name and mailing address <b>BOMGAARS SUPPLY</b> <b>1805 ZENITH DRIVE</b> <b>SIOUX CITY, IA 51103-5208</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47.06</b>
3.15	Nonpriority creditor's name and mailing address <b>BTX IOWA</b> <b>3160 8TH STREET SW, STE C</b> <b>ALTOONA, IA 50009-1023</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$392.58</b>
3.16	Nonpriority creditor's name and mailing address <b>CAPITAL SANITARY SUPPLY</b> <b>PO BOX 41310</b> <b>DES MOINES, IA 50311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,548.63</b>
3.17	Nonpriority creditor's name and mailing address <b>CBS STAFFING, LLC</b> <b>7517 DOUGLAS AVENUE, #17</b> <b>URBANDALE, IA 50322</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Staffing Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,024.96</b>
3.18	Nonpriority creditor's name and mailing address <b>CENTURY CONTRACT SERVICES</b> <b>PO BOX 5818</b> <b>CEDAR RAPIDS, IA 52406-5818</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$195.19</b>
3.19	Nonpriority creditor's name and mailing address <b>CENTURY LAUNDRY DISTRIBUTING</b> <b>5001 J STREET SW</b> <b>CEDAR RAPIDS, IA 52406-5818</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$293.29</b>



Debtor	<b>QHC Fort Dodge Villa, LLC</b>	Case number (if known)	<b>21-01648</b>
Name			
3.20	Nonpriority creditor's name and mailing address <b>CORPORATE COURIER SERVICES</b> <b>502 SE SHARON DRIVE</b> <b>ANKENY, IA 50021</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$155.88</b>
3.21	Nonpriority creditor's name and mailing address <b>Coventry Health Care</b> <b>4320 114th St.</b> <b>Urbandale, IA 50322</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,500.00</b>
3.22	Nonpriority creditor's name and mailing address <b>CRIMMINS &amp; KEHM LAW FIRM</b> <b>706 1ST AVE N</b> <b>FORT DODGE, IA 50501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$612.50</b>
3.23	Nonpriority creditor's name and mailing address <b>DIRECT SUPPLY</b> <b>PO BOX 88201</b> <b>MILWAUKEE, WI 53288-0201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,247.80</b>
3.24	Nonpriority creditor's name and mailing address <b>DOLLY'S TRANSPORT</b> <b>PO BOX 128</b> <b>CEDAR FALLS, IA 50613</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,300.00</b>
3.25	Nonpriority creditor's name and mailing address <b>ECOLAB PEST ELIMINATION</b> <b>26252 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1262</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,279.26</b>
3.26	Nonpriority creditor's name and mailing address <b>ED M FELD EQUIPMENT CO</b> <b>PO BOX 625</b> <b>CARROLL, IA 51401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,417.75</b>

Debtor	Name	Case number (if known)	21-01648
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Estate Recovery Program</b> <b>Lillis O'Malley Law Firm</b> <b>317 6th Ave Unit 600</b> <b>Des Moines, IA 50309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$651.45</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>FAVORITE HEALTHCARE STAFFING</b> <b>PO BOX 26225</b> <b>OVERLAND PARK, KS 66225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Staffing Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$736.77</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>FERGUSON ENTERPRISES</b> <b>FEI #226</b> <b>CHICAGO, IL 60680-2817</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4.62</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>FORT DODGE MESSENGER</b> <b>PO BOX 659</b> <b>FORT DODGE, IA 50501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65.00</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>FORT DODGE WATER DEPARTMENT</b> <b>819 1ST AVE SOUTH</b> <b>FORT DODGE, IA 50501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,254.32</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>FRONTIER COMMUNICATIONS</b> <b>PO BOX 740407</b> <b>CINCINNATI, OH 45274-0407</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,007.71</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>GREAT AMERICA FINANCIAL SERVICES</b> <b>PO BOX 660831</b> <b>DALLAS, TX 75266-0831</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$564.32</b>

Debtor Name	Case number (if known)	
<b>QHC Fort Dodge Villa, LLC</b>	<b>21-01648</b>	
3.34 Nonpriority creditor's name and mailing address <b>GROWMARK FS</b> <b>PO BOX 790</b> <b>MANSON, IA 50563-0790</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$174.73</b>
3.35 Nonpriority creditor's name and mailing address <b>GRP &amp; ASSOCIATES</b> <b>PO BOX 94</b> <b>CLEAR LAKE, IA 50428-0094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,530.00</b>
3.36 Nonpriority creditor's name and mailing address <b>GUARDIAN</b> <b>PO BOX 677458</b> <b>DALLAS, TX 75267-7458</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$688.14</b>
3.37 Nonpriority creditor's name and mailing address <b>Health Care Resolutions (HCR)</b> <b>510 State St. Suite C</b> <b>Cedar Falls, IA 50613</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Staffing Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.38 Nonpriority creditor's name and mailing address <b>HELPING HANDS NURSING SOLUTIONS</b> <b>1400 RIVER DRIVE, SUITE 300</b> <b>NORTH SIOUX CITY, SD 57049</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90,262.38</b>
3.39 Nonpriority creditor's name and mailing address <b>HY VEE FOOD STORE # 1011</b> <b>5820 WESTOWN PKWY</b> <b>WEST DES MOINES, IA 50266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Staffing Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,104.92</b>
3.40 Nonpriority creditor's name and mailing address <b>Industrial Chem Labs</b> <b>55-G Brook Ave</b> <b>Deer Park, NY 11729</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>industrial cleaning products supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$209.15</b>

Debtor	Name	Case number (if known)	
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>INTERSTATE ALL BATTERY CENTER</b> <b>220 AIRPORT ROAD</b> <b>AMES, IA 50010</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7470</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>batteries</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151.56</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>IOWA FIRE CONTROL</b> <b>3014 5TH AVE S., STE B</b> <b>FORT DODGE, IA 50501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$325.00</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>IOWA HEALTH CARE ASSOCIATION</b> <b>1775 90TH ST.</b> <b>WEST DES MOINES, IA 50266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,490.43</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>IOWA PHYSICIANS CLINIC MEDICAL</b> <b>PO BOX 1455</b> <b>DES MOINES, IA 50306-1455</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$228.00</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Iowa Total Care</b> <b>1080 Jordan Creek Parkway</b> <b>West Des Moines, IA 50266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,252.83</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Isolved Benefit Services</b> <b>PO Box 889</b> <b>Coldwater, MI 49036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30.00</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>MARTIN BROS DISTRIBUTING</b> <b>PO BOX 69</b> <b>CEDAR FALLS, IA 50613-0069</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,144.66</b>

Debtor **QHC Fort Dodge Villa, LLC**  
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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>MCKESSON</b> <b>PO BOX 630693</b> <b>CINCINNATI, OH 45263-0693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,959.27</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>MEDIACOM</b> <b>P.O.BOX 5744</b> <b>CAROL STREAM, IL 60197-5744</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,521.67</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Menards</b> <b>Attn: Legal Dept</b> <b>4777 Menard Dr.</b> <b>Eau Claire, WI 54703</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$175.03</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>MID AMERICAN ENERGY</b> <b>PO BOX 8020</b> <b>DAVENPORT, IA 52808-8020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,358.75</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Millennium Rehab and Consulting Group</b> <b>c/o Rebecca A. Brommell, Esq.</b> <b>Dorsey &amp; Whitney LLP</b> <b>801 Grand Ave Suite 4100</b> <b>Des Moines, IA 50309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rehabilitation Services Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$190,101.49</b>
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>DR. RANDALL MINION</b> <b>710 ELIZABETH AVE</b> <b>FORT DODGE, IA 50501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000.00</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>NATIONWIDE</b> <b>PO BOX 10479</b> <b>DES MOINES, IA 50306-0479</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>

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3.55	<b>Nonpriority creditor's name and mailing address</b> <b>NBC</b> <b>1439 W. Chapman Ave #64</b> <b>Orange, CA 92868</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Office supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$487.45</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Nextaff</b> <b>PO Box 75410</b> <b>Chicago, IL 60675-5410</b> Date(s) debt was incurred <u>11/24/20 - 3/18/21</u> Last 4 digits of account number <u>733</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>debt collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,189.63</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>NUCARA PHARMACY</b> <b>1900 JAMES ST, #10</b> <b>CAROLVILLE, IA 52241-1825</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,856.93</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>NursePro Staffing Agency, Inc.</b> <b>1511 30th St.</b> <b>Des Moines, IA 50311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Staffing Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Nyemaster Goode PC</b> <b>700 Walnut St. #1600</b> <b>Des Moines, IA 50309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,394.57</b>
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>PAN-O-GOLD BAKING COMPANY</b> <b>ATTN KATHY SNYDER</b> <b>444 E. St. Germain St.</b> <b>Saint Cloud, MN 56304</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,357.30</b>
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>PATHFINDERS STRATEGIC PARTNERS</b> <b>602 1ST AVE SOUTH</b> <b>FORT DODGE, IA 50501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$912.00</b>

Debtor	<b>QHC Fort Dodge Villa, LLC</b> <small>Name</small>	Case number (if known)	<b>21-01648</b>
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3.62	<b>Nonpriority creditor's name and mailing address</b> <b>PATHOLOGY LABORATORY</b> <b>P.O. BOX 569</b> <b>DES MOINES, IA 50302-0569</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$253.00</b>
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3.63	<b>Nonpriority creditor's name and mailing address</b> <b>PEDERSON SANITATION</b> <b>PO BOX 1001</b> <b>FORT DODGE, IA 50501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$766.64</b>
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3.64	<b>Nonpriority creditor's name and mailing address</b> <b>PELHAM'S</b> <b>PO BOX 1311</b> <b>FORT DODGE, IA 50501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$262.68</b>
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3.65	<b>Nonpriority creditor's name and mailing address</b> <b>PHARMERICA</b> <b>PO BOX 409251</b> <b>ATLANTA, GA 30384-9251</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,360.87</b>
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3.66	<b>Nonpriority creditor's name and mailing address</b> <b>POINTCLICKCARE TECHNOLOGIES INC.</b> <b>PO BOX 674802</b> <b>DETROIT, MI 48267-4802</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,205.46</b>
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3.67	<b>Nonpriority creditor's name and mailing address</b> <b>PRO SHIELD</b> <b>1118 LAPORTE ROAD</b> <b>WATERLOO, IA 50702</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3.92</b>
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3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Progress Healthcare Staffing</b> <b>100 E. Euclid Ave, Suite 127</b> <b>Des Moines, IA 50313</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Staffing Agreement</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$239,293.41</b>
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Debtor	<b>QHC Fort Dodge Villa, LLC</b> <small>Name</small>	Case number (if known)	<b>21-01648</b>
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>PROVIDERS PLUS</b> <b>1519 N 51ST STREET</b> <b>OMAHA, NE 68104-5008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$437.73</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>QUILL CORPORATION</b> <b>PO BOX 37600</b> <b>PHILADELPHIA, PA 19101-0600</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$831.32</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>R &amp; J MATERIAL HANDLING</b> <b>1864 KOUNTRY LANE</b> <b>FORT DODGE, IA 50501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$897.13</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>RILEY-ARMSTRONG PLUMBING &amp; HEATING</b> <b>11 N. 20TH ST.</b> <b>FORT DODGE, IA 50501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,557.14</b>
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>RNL SERVICES LLC</b> <b>PO BOX 656</b> <b>KNOXVILLE, IA 50138</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$445.00</b>
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Sandgren, Kim</b> <b>3130 Easter Avenue</b> <b>Callender, IA 50523-7505</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,644.80</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>SERENITY AQUARIUM AND AVIARY SERVICES</b> <b>PO BOX 635</b> <b>NEENAH, WI 54956</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$704.06</b>



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3.76	<b>Nonpriority creditor's name and mailing address</b> <b>SIGNATURE HEALTHCARE, LLC</b> <b>14225 UNIVERSITY AVE, STE #130</b> <b>WAUKEE, IA 50263</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$527.00</b>
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3.77	<b>Nonpriority creditor's name and mailing address</b> <b>SMITTY'S LAWN &amp; LANDSCAPE</b> <b>2305 2ND AVE NORTH</b> <b>FORT DODGE, IA 50501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,592.61</b>
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3.78	<b>Nonpriority creditor's name and mailing address</b> <b>SOLIDCARE STAFFING</b> <b>6691 FRIENDSHIP PATH</b> <b>Bettendorf, IA 52722</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,785.00</b>
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3.79	<b>Nonpriority creditor's name and mailing address</b> <b>SOLVED BENEFIT SERVICES</b> <b>ATTN: FINANCE DEPT</b> <b>COLDWATER, MI 49036-0889</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30.00</b>
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3.80	<b>Nonpriority creditor's name and mailing address</b> <b>STERICYCLE INC</b> <b>28883 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1288</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$377.79</b>
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3.81	<b>Nonpriority creditor's name and mailing address</b> <b>TNN Iowa Inc.</b> <b>4948 Pleasant St.</b> <b>West Des Moines, IA 50266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Staffing Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.82	<b>Nonpriority creditor's name and mailing address</b> <b>TRI-STATE NURSING</b> <b>3100 SOUTH LAKEPORT ST</b> <b>SIOUX CITY, IA 51106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$214,816.12</b>
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Debtor <b>QHC Fort Dodge Villa, LLC</b>		Case number (if known) <b>21-01648</b>
Name		
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>TRIMARK CORP HEALTH SERVICES</b> <b>2520 9th AVE. S</b> <b>FORT DODGE, IA 50501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$387.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Staffing Agreement</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>TRINITY REGIONAL MEDICAL CENTER</b> <b>PO BOX 26708</b> <b>SALT LAKE CITY, UT 84126-0708</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$8.46</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>UNITYPOINT AT HOME</b> <b>PO BOX 26786</b> <b>SALT LAKE CITY, UT 84126-0786</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$19,413.07</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>UNITYPOINT CLINIC</b> <b>PO BOX 1317</b> <b>DES MOINES, IA 50305-1317</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$657.30</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>UNITYPOINT HEALTH</b> <b>PO BOX 83381</b> <b>CHICAGO, IL 60691-0381</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$37.05</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>UNITYPOINT HEALTH HOSPITALS</b> <b>MAILSTOP #54726368</b> <b>DALLAS, TX 75266-0827</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$432.12</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>VALLEY WEST UNIFORMS</b> <b>4100 UNIVERSITY AVE, SUITE 230</b> <b>WEST DES MOINES, IA 50266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$154.08</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Staffing Agreement</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>QHC Fort Dodge Villa, LLC</b> <small>Name</small>	Case number (if known)	<b>21-01648</b>
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3.90	<b>Nonpriority creditor's name and mailing address</b> <b>WALMART</b> <b>PO BOX 530933</b> <b>ATLANTA, GA 30353-0933</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,266.31</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>WEBSTER GLASS CO</b> <b>12 NORTH 16TH ST</b> <b>FORT DODGE, IA 50501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$294.79</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>WELLMARK BCBS</b> <b>PO BOX 14456</b> <b>DES MOINES, IA 50306</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,112.44</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>WINGER SERVICE</b> <b>PO BOX 637</b> <b>OTTUMWA, IA 52501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,043.21</b>
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>KRISTI ZWIEFEL</b> <b>2486 VIRGINIA PARKWAY</b> <b>WEBSTER CITY, IA 50595</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,910.04</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>AFLAC</b> <b>PO Box 5388</b> <b>Columbus, GA 31906-0388</b>	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	<b>Camillus Staffing LLC dba Nextaff</b> <b>c/o Tom Moreland, Owner</b> <b>6600 Westown Pkwy Suite 200</b> <b>West Des Moines, IA 50266</b>	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor	Name	Case number (if known)	21-01648
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.3	<b>Centers for Medicare and Medicaid Svcs</b> <b>Attn: Marsophia Powers</b> <b>601 E. 12th St., Room 235</b> <b>Kansas City, MO 64106</b>	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Helping Hands Nursing Solutions</b> <b>4300 S. Lakeport St. Suite 106</b> <b>Sioux City, IA 51106-4934</b>	Line <u>3.38</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>Iowa Dept of Inspections &amp; Appeals</b> <b>Attn: Dawn Fisk</b> <b>Health Facilities Division</b> <b>321 E 12th St.</b> <b>Des Moines, IA 50319</b>	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>Iowa Medicaid Enterprise</b> <b>Attn: Elizabeth Matney, Director</b> <b>Hoover Building</b> <b>1305 E. Walnut St.</b> <b>Des Moines, IA 50319</b>	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>Justin J. Randall, Esq.</b> <b>McCormick &amp; Associates</b> <b>808 13th St.</b> <b>West Des Moines, IA 50265</b>	Line <u>3.82</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	<b>Justin J. Randall, Esq.</b> <b>McCormick &amp; Associates</b> <b>808 13th St.</b> <b>West Des Moines, IA 50265</b>	Line <u>3.68</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	<b>Robert C. Gainer, Esq.</b> <b>Cutler Law Firm</b> <b>1307 50th St.</b> <b>West Des Moines, IA 50266</b>	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 832,693.93
5b. +	\$ 1,259,146.55
5c.	\$ 2,091,840.48

Fill in this information to identify the case:

Debtor name **QHC Fort Dodge Villa, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) **21-01648**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*

Property

(Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Staffing Agreement**

State the term remaining

List the contract number of any government contract

**ABIRACARE, LLC  
2800 UNIVERSITY AVE, STE 198  
WEST DES MOINES, IA 50266**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Staffing Agreement**

State the term remaining

List the contract number of any government contract

**Adventure Staffing & Prof. Svcs  
509 Douglas St.  
Sioux City, IA 51101**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Mobile Imaging Services Agreement**

State the term remaining

List the contract number of any government contract

**BTX IOWA  
3160 8TH STREET SW, STE C  
ALTOONA, IA 50009-1023**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Staffing Agreement**

State the term remaining

List the contract number of any government contract

**CBS STAFFING, LLC  
7517 DOUGLAS AVENUE, #17  
URBANDALE, IA 50322**

Debtor 1 **QHC Fort Dodge Villa, LLC**

Case number (if known) **21-01648**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Staffing Agreement**

State the term remaining

List the contract number of any government contract

**FAVORITE HEALTHCARE STAFFING  
PO BOX 26225  
OVERLAND PARK, KS 66225**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Staffing Agreement**

State the term remaining

List the contract number of any government contract

**Health Care Resolutions (HCR)  
510 State St. Suite C  
Cedar Falls, IA 50613**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Staffing Agreement**

State the term remaining

List the contract number of any government contract

**HELPING HANDS NURSING SOLUTIONS  
1400 RIVER DRIVE, SUITE 300  
NORTH SIOUX CITY, SD 57049**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Staffing Agreement**

State the term remaining

List the contract number of any government contract

**NursePro Staffing Agency, Inc.  
1511 30th St.  
Des Moines, IA 50311**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Staffing Agreement**

State the term remaining

List the contract number of any government contract

**Progress Healthcare Staffing  
100 E. Euclid Ave, Suite 127  
Des Moines, IA 50313**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Staffing Agreement**

State the term remaining

List the contract number of any government contract

**SOLIDCARE STAFFING  
6691 FRIENDSHIP PATH  
Bettendorf, IA 52722**

Debtor 1 **QHC Fort Dodge Villa, LLC**

First Name

Middle Name

Last Name

Case number (if known) **21-01648**

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

**Staffing Agreement**

State the term remaining

List the contract number of any government contract

**TNN Iowa Inc.  
4948 Pleasant St.  
West Des Moines, IA 50266**

2.12. State what the contract or lease is for and the nature of the debtor's interest

**Staffing Agreement**

State the term remaining

List the contract number of any government contract

**TRI-STATE NURSING  
3100 SOUTH LAKEPORT ST  
SIOUX CITY, IA 51106**

2.13. State what the contract or lease is for and the nature of the debtor's interest

**Subscription Service  
Agreement for a  
website designed to  
maintain patient/client  
records**

State the term remaining

List the contract number of any government contract

**Wescom Solutions, Inc.  
dba Pointclickcare.com  
6975 Creditview Rd. Unit 4  
Mississauga, Ontario L5N 8E9  
CANADA**

**Fill in this information to identify the case:**

Debtor name **QHC Fort Dodge Villa, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) **21-01648**

☐ Check if this is an amended filing

**Official Form 206H**

**Schedule H: Your Codebtors**

**12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

**Name**

**Mailing Address**

**Name**

*Check all schedules that apply:*

2.1 **Crestridge, Inc.**

**1015 Wesley Dr.  
Maquoketa, IA 52060**

**Kenneth A. Webb  
Family Trust**

☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 **Crestview Acres,  
Inc.**

**1485 Grand Ave  
Marion, IA 52302**

**Kenneth A. Webb  
Family Trust**

☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.3 **Nancy A. Voyna**

**8350 Hickman Rd. Suite 15  
Des Moines, IA**

**Kenneth A. Webb  
Family Trust**

☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.4 **QHC Facilities,  
LLC**

**8350 Hickman Rd. Suite 15  
Clive, IA 50325**

**Kenneth A. Webb  
Family Trust**

☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.5 **QHC Humboldt  
North, LLC**

**1111 11th Ave North  
Humboldt, IA 50548-1225**

**Kenneth A. Webb  
Family Trust**

☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_



Debtor **QHC Fort Dodge Villa, LLC**

Case number (if known) **21-01648**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	<b>QHC Humboldt South, LLC</b>	<b>800 13th St. South Humboldt, IA 50548-2439</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	<b>QHC Madison Square, LLC</b>	<b>209 W. Jefferson St. Winterset, IA 50273</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	<b>QHC Management, LLC</b>	<b>8350 Hickman Rd. Suite 15 Clive, IA 50325</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	<b>QHC Mitchellville, LLC</b>	<b>114 Carter St. SW Mitchellville, IA 50169</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	<b>QHC Villa Cottages LLC</b>	<b>925 Martin Luther King Dr. Fort Dodge, IA 50501-2866</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	<b>QHC Winterset Care Center North, LLC</b>	<b>411 East Lane St. Winterset, IA 50273-1217</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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**Fill in this information to identify the case:**

Debtor name **QHC Fort Dodge Villa, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) **21-01648**

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**

From **1/01/2021** to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business

☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

**Unknown**

**For prior year:**

From **1/01/2020** to **12/31/2020**

☒ Operating a business

☐ Other \_\_\_\_\_

**\$5,349,213.00**

**For year before that:**

From **1/01/2019** to **12/31/2019**

☒ Operating a business

☐ Other \_\_\_\_\_

**\$3,977,665.00**

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
Check all that apply

Debtor **QHC Fort Dodge Villa, LLC**Case number (if known) **21-01648**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>ABIRACARE, LLC</b> <b>2800 UNIVERSITY AVE, STE 198</b> <b>WEST DES MOINES, IA 50266</b>	<b>9/29/21 -</b> <b>12/22/21</b>	<b>\$45,602.70</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. <b>AEROFUND FINANCIAL</b> <b>6910 SANTA TERESA BLVD</b> <b>SAN JOSE, CA 95119</b>	<b>10/7/21-12/23</b> <b>/21</b>	<b>\$243,856.47</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. <b>HELPING HANDS NURSING</b> <b>SOLUTIONS</b> <b>1400 RIVER DRIVE, SUITE 300</b> <b>NORTH SIOUX CITY, SD 57049</b>	<b>9/29/21 -</b> <b>12/21/21</b>	<b>\$316,812.24</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.4. <b>MARTIN BROS DISTRIBUTING</b> <b>PO BOX 69</b> <b>CEDAR FALLS, IA 50613-0069</b>	<b>10/1/2021-12/</b> <b>15/21</b>	<b>\$57,064.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.5. <b>MID AMERICAN ENERGY</b> <b>PO BOX 8020</b> <b>DAVENPORT, IA 52808-8020</b>	<b>10/22/21 -</b> <b>12/23/21</b>	<b>\$19,247.16</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>gas/electric</u>
3.6. <b>Millennium Rehab and Consulting</b> <b>Group</b> <b>c/o Rebecca A. Brommell, Esq.</b> <b>Dorsey &amp; Whitney LLP</b> <b>801 Grand Ave Suite 4100</b> <b>Des Moines, IA 50309</b>	<b>12/10/21</b>	<b>\$16,963.52</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.7. <b>Nyemaster Goode PC</b> <b>700 Walnut St. #1600</b> <b>Des Moines, IA 50309</b>	<b>12/28/21</b>	<b>\$10,370.57</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.8. <b>POINTCLICKCARE TECHNOLOGIES</b> <b>INC.</b> <b>PO BOX 674802</b> <b>DETROIT, MI 48267-4802</b>	<b>10/4/21-12/14</b> <b>/21</b>	<b>\$8,410.92</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **QHC Fort Dodge Villa, LLC**Case number (if known) **21-01648**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. <b>SOLIDCARE STAFFING 6691 FRIENDSHIP PATH Bettendorf, IA 52722</b>	<b>11/12/21-12/2 2/21</b>	<b>\$62,292.20</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.10 <b>WELLMARK BCBS PO BOX 14456 DES MOINES, IA 50306</b>	<b>10/15/21-12/2 0/21</b>	<b>\$26,617.42</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>health insurance</b></u>

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>Millenium Rehab and Consulting v. QHC Facilities LLC et al LACL151779</b>	<b>Contract/Debt Collection</b>	<b>Polk County Clerk of Court RE: LACL151779 Polk County Courthouse 500 Mulberry St. Des Moines, IA 50309-4238</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **QHC Fort Dodge Villa, LLC**

Case number (if known) **21-01648**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2.	<b>Camillus Staffing LLC d/b/a Nextaff v. QHC Management LLC et al LACL150417</b>		<b>Polk County Clerk of Court RE: LACL150417 Polk County Courthouse 500 Mulberry St. Des Moines, IA 50309-4238</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	<b>Nicole Bittle v. QHC Management LLC dba Fort Dodge Villa, et al LACL 149989</b>	<b>Racial Harassment, Discrimination, Violation of Civil Rights Act</b>	<b>Polk County Clerk of Court RE: LACK149989 Polk County Courthouse 500 Mulberry St. Des Moines, IA 50309-4238</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **QHC Fort Dodge Villa, LLC**Case number (if known) **21-01648**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>Bradshaw, Fowler, Proctor &amp; Fairgrave PC 801 Grand Ave Suite 3711 Des Moines, IA 50309</b>		<b>12/24/2021</b>	<b>\$2,500.00</b>
	Email or website address <b>bradshawlaw.com</b>			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <b>Fort Dodge Villa Care Center 2721 10th Ave North Fort Dodge, IA 50501</b>	<b>Skilled Nursing Facility</b>	<b>107</b>
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <b>2721 10th Ave North, Fort Dodge, IA 50501</b>	How are records kept? <i>Check all that apply:</i>

Debtor **QHC Fort Dodge Villa, LLC**

Case number (if known) **21-01648**

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

☒ Electronically  
☐ Paper

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.  
☒ Yes. State the nature of the information collected and retained.

**Medical information, financial information, family/next of kin information**

Does the debtor have a privacy policy about that information?

- ☐ No  
☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.  
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

**QHC Facilities, LLC 401(k) Plan**

Employer identification number of the plan

EIN: **26-2923180**

Has the plan been terminated?

- ☒ No  
☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address

Names of anyone with access to it  
Address

Description of the contents

Do you still have it?

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **QHC Fort Dodge Villa, LLC**Case number (if known) **21-01648**☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Residents of Fort Dodge Villa 2721 10th Ave North Fort Dodge, IA 50501	Access Bank 8712 West Dodge Rd. Omaha, NE 68114	Residents' Trust account ending in 1900	Unknown
Owner's name and address	Location of the property	Describe the property	Value
Residents of Fort Dodge Villa Care Cente 2721 10th Ave North Fort Dodge, IA 50501	Green State Credit Union PO Box 800 North Liberty, IA 52317	Residents' Trust account ending in 1397	Unknown

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**



Debtor **QHC Fort Dodge Villa, LLC**Case number (if known) **21-01648****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

**Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

**Dates business existed****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

**Name and address****Date of service****From-To**

26a.1. **MCGOWEN, HURST, CLARK & SMITH, PC**  
**c/o Dan Schwarz, CPA**  
**1601 WEST LAKES PKWY SUITE 300**  
**WEST DES MOINES, IA 50266**

**2020 to the present**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

**Name and address****If any books of account and records are unavailable, explain why**

26c.1. **MCGOWEN, HURST, CLARK & SMITH, PC**  
**c/o Dan Schwarz, CPA**  
**1601 WEST LAKES PKWY, Suite 300**  
**WEST DES MOINES, IA 50266**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

**Name and address**

26d.1. **Lincoln Savings Bank**  
**Ankeny Office**  
**1375 SW State St.**  
**Ankeny, IA 50023**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Debtor **QHC Fort Dodge Villa, LLC**

Case number (if known) **21-01648**

Name	Address	Position and nature of any interest	% of interest, if any
Nancy A. Voyna	8350 Hickman Rd. Suite 15 Des Moines, IA	Owner, managing member	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Jerry W. Voyna (Deceased)	8350 Hickman Rd. Suite 15 Clive, IA 50325	Managing Member now Deceased	June 2008 to June 10, 2021 (Date of Death)

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Debtor **QHC Fort Dodge Villa, LLC**

Case number (if known) **21-01648**

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 12, 2022**

**/s/ Mark A. Hidlebaugh**

Signature of individual signing on behalf of the debtor

**Mark A. Hidlebaugh**

Printed name

Position or relationship to debtor **Authorized, POA**

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

☒ No

☐ Yes

**United States Bankruptcy Court  
Southern District of Iowa**

In re **QHC Fort Dodge Villa, LLC**

Debtor(s)

Case No. **21-01648**

Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Nancy A. Voyna</b> <b>8350 Hickman Road, Suite 15</b> <b>Clive, IA 50325</b>		<b>100</b>	<b>Managing Member</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Authorized, POA** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **January 12, 2022**

Signature **/s/ Mark A. Hidlebaugh**  
**Mark A. Hidlebaugh**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*